



Department of Police * City of Chicago
3510 South Michigan Avenue * Chicago, Illinois 60653

Date 20 October 2011

Re: C. L. No. 1049380

Dear [REDACTED]

A complaint against a Department member, registered under the above Complaint Log (C.L.) Number, is currently under investigation by the Chicago Police Department.

A vital step in the investigation is an interview with the person who registered the complaint as well as witnesses. This step is essential in order to conduct a complete and thorough investigation.

Please contact me as soon as possible so that I can make arrangements to meet with you regarding the incident under investigation. The following information is provided so that you can contact me without unnecessary inconvenience:

Name: Donald EDWARDS

Address: 3510 S. Michigan Ave, Chgo, IL. 60653

Telephone: 312-745-6310

Hours Available: 8am-4pm Monday - Friday

Sincerely,

CPD-44.223 (REV. 1/07)

Emergency: 9-1 -1 * Non-Emergency: (Within City limits) 3-1 -1 * Non-Emergency: (Outside City limits) 312-746-6000
TTY: 312-746-9715 * E-mail: police@ci.chi.il.us * Website: www.ci.chi.il.us/CAPS

CPD 0019257



City of Chicago
Department of Police
3510 South Michigan Avenue
Chicago, Illinois 60653
D. EDWARDS Unit 121

Chicago, Illinois 60643

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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D. EDWARDS unit 121

Postage	\$	
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Sent To [Redacted]
Street, Apt. No. or PO Box No. [Redacted]
City, State, ZIP+4 Chicago, Illinois 60643

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chicago, Illinois 60643

COMPLETE THIS SECTION ON DELIVERY

☐ Agent
☐ Addressee
C. Date of Delivery
[Redacted]
If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Transfer from service label)

PS Form 3811, February 2004

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CERTIFIED MAIL

PS Form 3800, August 2006

See Reverse for Instructions

CPD 0019258